

PARK AND RECREATION DEPARTMENT OPEN SPACE DIVISION  
BRUSH MANAGEMENT RIGHT-OF-ENTRY PERMIT  
REQUEST FORM

Permittee Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Proposed State Date: \_\_\_\_\_

Location (proposed ingress and egress points, vehicle or foot access request?):

Description of Project:

Environmental Permitting (if applicable):

Special Restrictions (if applicable):

Are you going to hire a contractor? Yes \_\_\_\_ No \_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please mail this form to:

**Brush Management Right of Entry Coordinator**  
**1250 6<sup>th</sup> Ave. MS 804A**  
**San Diego CA 92101**

If you'd prefer to fill out and submit this form online, go to  
<http://www.sandiego.gov/park-and-recreation/parks/brushform.shtml>

For questions, please call 619-533-6726

\*All contractors must be licensed in the State of California. Prior to contractors conducting brush management on City property, Permittee shall deliver to Open Space Brush Management Program Manager a current certificate of insurance providing coverage for bodily injury, including death, personal injury and property damage with limits of at least One Million Dollars (\$1,000,000) per occurrence, subject to an annual aggregate of Two Million Dollars (\$2,000,000). Said insurance policy shall be primary and non contributory. "The City of San Diego, its elected officials, officers, employees, representatives and agents" shall be named as additional insureds in all policies. This section shall not apply if contractor performing work is the State of California.